

Congress of the United States
Washington, DC 20515

May 20, 2005

The Honorable Chairman Ralph Regula
Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies
Committee on Appropriations
2358 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Regula:

As you continue your work on the Labor, Health and Human Services, and Education Appropriations bill, we respectfully request an increase of \$303 million in Fiscal Year 2006 for AIDS Drug Assistance Programs (ADAPs) under the Ryan White CARE Act. Full needs based on funding for ADAPs will ensure that those suffering from HIV/AIDS in our country have access to live-saving medicines and therapies.

HIV/AIDS remains a major health care crisis here in the United States, as well as abroad. Even as there has been a great deal of attention on our united efforts in Congress to enhance the U.S. role in fighting the Global AIDS epidemic, it is equally important that we act to meet the needs of people here at home who are suffering with HIV/AIDS. 950,000 United States residents are living with HIV/AIDS. For too many of these Americans, treatments are out of reach without our help.

ADAPs provide life-saving HIV/AIDS medications to uninsured and underinsured individuals living with HIV disease in 50 states, the District of Columbia and U.S. territories. Additionally, ADAP programs often serve as the entry point for individuals to access other HIV/AIDS health services. While ADAPs have administered their funds efficiently, they face a growing crisis due to increased utilization as people with HIV/AIDS live longer. We commend the Committee for its past efforts to address the needs of those living with HIV/AIDS here at home especially considering the difficult budgetary environment. We greatly appreciate the \$10 million increase in ADAP funding included in President Bush's FY2006 budget. However, it simply does not keep pace with the increasing needs of patients in the United States.

Increased utilization combined with a shortfall in state funding for ADAPs has caused a funding crisis which forced 592 ADAP-eligible patients to be placed on waiting lists. Twenty-one states have taken steps to limit eligibility, including twelve that have capped enrollment, and three more states have announced their intention to do so. In addition to those that currently rely on ADAPs for HIV treatment, there are many HIV-positive Americans who in need of treatment. A recent report by the Institute of Medicine, "Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White," found that over 233,000 HIV-positive Americans do not have consistent access to highly active antiretroviral therapy (HAART). A study conducted by the Centers for Disease Control and Prevention found that only 55% of HIV-positive U.S. residents for whom antiretroviral treatment is clinically recommended were receiving therapy in 2003. Further, many ADAPs are now unable to provide clients with access to newly developed therapies for patients who are running out of treatment options. In addition, because of budget constraints, most ADAPs do not provide coverage for treatments for hepatitis C co-infection, which is now a leading cause of death for people with HIV/AIDS.

In order to address this critical shortfall, we urge the Committee to provide an additional \$303 million for ADAPs in Fiscal Year 2006. This requested increase is based on the needs analysis conducted by State ADAP programs, HIV/AIDS health care providers and patient groups. It is necessary to

Chairman Regula/
May 20, 2005
Page 2

maintain access to life-saving treatments for current HIV/AIDS patients being served by ADAPs and prevent further limitations on access to treatments for new patients.

We appreciate the Subcommittee's past support for this program and thank you for your consideration of this request.

Sincerely,

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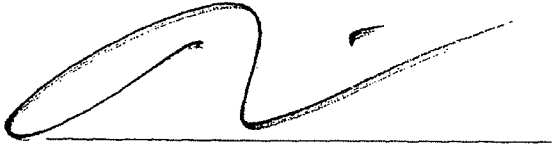
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Cum gratia

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